

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-031093

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4036

FILED AUG 20 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
60 Yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Research HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City

Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
607 W. 60th TerraceReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Nelson

Middle

Enoch

Last

Johnson

4. DATE OF DEATH

Month August

Day

5

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-15-1886

9. AGE (last birthday)

76-1-20

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Attorney10b. KIND OF BUSINESS OR INDUSTRY
Law11. BIRTHPLACE (City and state or country)
Kansas12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Charles N. Johnson

13b. MOTHER'S MAIDEN NAME

Annette Enoch

14. NAME OF HUSBAND OR WIFE

Beulah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Beulah Johnson 607 W. 60th Terrace

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH
9 hrsConditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) Cerebral arteriosclerosis

Years

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Coronary heart disease; left inguinal hernia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 25, 1958 to Aug. 5, 1962 and last saw her alive on Aug. 5, 1962

Death occurred at 7:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS Suite 300 Research Medical Office Bldg; 6400 Prospect

22c. DATE SIGNED

Aug. 5, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

8-7-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Moriah

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure Kansas City, Missouri

25. DATE RECD. BY LOCAL REG.

8-6-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF MEDICAL CERTIFICATION
R. S. Long

Dr. Henry Long
~~44006-2448~~
~~Be 1-5917~~
Em 3-2832
6400 Prospekt
Call at 10 a.m.
10-5 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William M. Turner

Licensed Embalmer No. 4648

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.